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**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA**

CLERK, U.S. BANKRUPTCY CT.
EASTERN DIST. OF CA.
SACRAMENTO, CA.

In Re: THE CASCADE SCHOOL

Case Number: 04-26111 TH

Debtor(s).

**APPLICATION FOR PAYMENT
OF UNCLAIMED FUNDS**

1. On 12/09/09 [dates], a check in the amount of \$ 1466.59 & 357.26 ✓ belonging to "LOUIS MARIE BARNES" (sic) [name of original creditor/claimant]] was tendered to the Clerk of the above-entitled Court by the case trustee as unclaimed funds for claim(s) numbered: 22 & 22A

2. The funds so tendered were deposited with the United States Treasury by the Clerk and remain unclaimed.

3. Applicant alleges that the following person or entity is the owner of the funds described in paragraph 1 [provide name, address and telephone number]:

LOUIS BARNES	MARIE BARNES
1100 Santa Clara Ave.	919 Central Ave. #C
Alameda, CA 94501	Alameda, CA 94501
(415) 977-5672	(510) 522-1734

4. The original disbursement was not presented for payment because [specifically state the reason and include a brief history of the creditor/claimant from the filing of the claim to the present. Attach supporting documentation]: _____

Change of address. Please see Certified Declarations attached.

5. Applicant represents that the alleged owner is entitled to receive the requested funds, has made sufficient inquiry and has no knowledge that any other party may be entitled to, and is not aware of any dispute regarding, the funds at issue based upon the following [check the statement(s) that apply]:

- ☒ a. The alleged owner is the creditor/claimant named in paragraph 1 and the owner of the funds appearing on the records of this Court, as evidenced by the attached documents.
- ☐ b. The alleged owner is the assignee of the creditor/claimant named in paragraph 1, or the assignee's representative, as evidenced by the attached documents.
- ☐ c. The alleged owner is the successor-in-interest of the creditor/claimant named in paragraph 1, or the successor-in-interest's representative, as evidenced by the attached documents establishing chain of ownership.
- ☐ d. The alleged owner is the estate of the deceased creditor/claimant named in paragraph 1, as evidenced by the attached certified copies of death certificate and other appropriate probate documents.
- ☐ e. Subparagraphs (a) through (d) above do not apply. As evidenced by the attached documents, the alleged owner is: _____

6. Applicant is [check the statement that applies]:

- ☐ a. The alleged owner of the funds. Attach the appropriate *Identification Form for Unclaimed Funds*.
- ☐ b. A duly authorized corporate officer (if a corporation) or a general partner (if a partnership) and is the representative of the alleged owner of the funds. Attach the appropriate *Identification Form for Unclaimed Funds*.
- ☐ c. The representative of the estate of a deceased alleged owner of the funds. Attached certified copies of probate documents which substantiates applicant's right to act on behalf of the decedent's estate.
- ☒ d. The attorney in fact for the alleged owner of the funds authorized by the attached notarized, original Power of Attorney to file this application on behalf of the alleged owner.
- ☐ e. An attorney representing the interests of the owner of the funds with authority to receive such funds, as evidenced by the attached notarized original Power of Attorney.

7. I understand that, pursuant to 18 U.S.C. § 152, I shall be fined not more than \$5,000, or imprisoned not more than five years, or both, if I have knowingly and fraudulently made any false statements in this document or accompanying supporting documents. I further understand that any indications of fraud detected by the Court will be turned over to the U. S. Attorney for possible prosecution.

8. A copy of this completed application (with all supporting documentation) was mailed to the following on (date): 2-20-10

(US Attorney)

(Owner of the funds)

(Other)


United States Attorney
501 I Street, 9th Floor
Sacramento, CA 95814

LOUIS BARNES	MARIE BARNES
1100 SANTA CLARA AVE.	919 CENTRAL AVE. #C
ALAMEDA, CA 94501	ALAMEDA, CA 94501

WHEREFORE, applicant prays for an order directing the Clerk of the above-entitled Court to pay said tendered money to the applicant.

I declare (or certify, or verify, or state) under penalty of perjury under the laws of the United States of America, that the foregoing statements and information are true and correct:

Dated:

2-20-10
Applicant's Signature

AL MELONE, for ASSET RECOVERY TRUST

Applicant's Name Typed or Printed

P.O. BOX 4296

Applicant's Address

COSTA MESA, CA 92628

(714) 546-8100

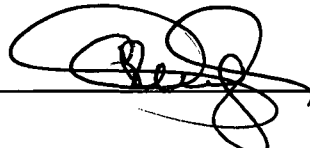
Applicant's Telephone Number

In Re: THE CASCADE SCHOOL	CASE NUMBER: 04-26111 TH
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STATE OF California, COUNTY OF Orange

On Feb. 20, 2010 before me, personally appeared (insert name and title of signer)

Al Melone Only personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the written instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.


Notary Public

My commission expires on 08/13/2010

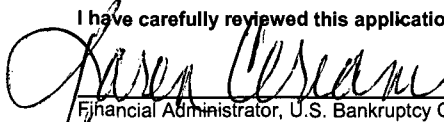
(SEAL)



FOR COURT USE ONLY

File and documents reviewed by Karen Ceriani on 2/26/10

I have carefully reviewed this application and all supporting documents and recommend to the Court that this application be approved.


Financial Administrator, U.S. Bankruptcy Court

2/26/10
Date

DECLARATION

Co-creditors Louis Barnes and Marie Barnes, of case 04-26111, are presently divorced, they used to live together at 382 Victoria Bay in Alameda, CA, they are presently located at 1100 Santa Clara Ave., in Alameda and 919 Central Ave. #C in Alameda, respectively, and their current phone numbers are 415-977-5672 and 510-522-1734, respectively.

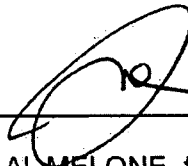
I have spoken with both of them at the above phone numbers to positively ascertain their identities and their right to the unclaimed dividend.

I certify under penalty of perjury under U.S. Law that the foregoing is true and correct.

DATED

2-25-10

SIGNED



NAME

AL MELONE, for ASSET RECOVERY
TRUST, attorney in fact for Louis Barnes and
Marie Barnes

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA

IN RE: THE CASCADE SCHOOL

CASE NO: 04-26111 IH

INDIVIDUAL IDENTIFICATION
FORM FOR UNCLAIMED FUNDS

DEBTOR(S).

I, LOUIS and MARIE BARNES, hereby allege that I am the owner of unclaimed funds deposited with the court in the above-named case and request payment of my unclaimed funds.

Name	<u>LOUIS BARNES</u>	<u>MARIE BARNES</u>
Current Phone No.	<u>(415) 977-5672</u>	<u>510-522-1734</u>
Social Security No.	<u>[REDACTED] - 2207</u>	
Previous Mailing Address	<u>382 Victoria Bay</u>	<u>382 Victoria Bay</u>
	<u>Alameda, CA 94502</u>	<u>Alameda, CA 94502</u>
Current Mailing Address	<u>1100 Santa Clara Ave.</u>	<u>919 Central Ave. #C</u>
	<u>Alameda, CA 94501</u>	<u>Alameda, CA 94501</u>
Driver's License No.	<u>[REDACTED] 5851</u>	
(Or other State issued Identification No.)		(Describe)

Dated:

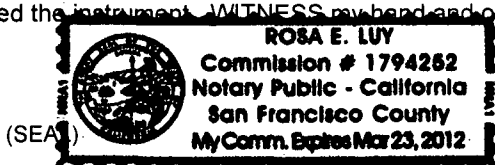
February 11, 2010

[Signature]
Signature of Alleged Owner *

* Attach copy of Driver's License or other State issued Identification. In the case where a "fund locator service" has purchased/been assigned the claim, or purchased the assets of the business originally entitled to the funds, documents evidencing the transfer of claim or documentation which provides proof of the purchase/sale of the assets (such as the contract of sale) must be attached.

STATE OF CALIFORNIA, COUNTY OF SAN FRANCISCO
On February 11, 2010 before me, personally appeared (insert name and title of signer)
LOUIS BARNES

~~personally known to me~~ (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. ~~WITNESS my hand and official seal.~~



Rosa E. Luy
Notary Public

My commission expires on March 23, 2012

To ensure payment to the proper party, please fill out the identification portion of this form and submit together with an Application for Payment of Unclaimed Funds (EDC 3-950) and supporting documentation to:

Financial Administrator
United States Bankruptcy Court
Eastern District of California
501 I Street, Suite 3-200
Sacramento, CA 95814

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA

IN RE: THE CASCADE SCHOOL

CASE NO: 04-26111 IH

INDIVIDUAL IDENTIFICATION
FORM FOR UNCLAIMED FUNDS

DEBTOR(S).

I, LOUIS and MARIE BARNES, hereby allege that I am the owner of unclaimed funds deposited with the court in the above-named case and request payment of my unclaimed funds.

Name	<u>LOUIS BARNES</u>	<u>MARIE BARNES</u>
Current Phone No.	<u>(415) 977-5672</u>	<u>510-522-1734</u>
Social Security No.		<u>[REDACTED] -3637</u>
Previous Mailing Address	<u>382 Victoria Bay</u>	<u>382 Victoria Bay</u>
	<u>Alameda, CA 94502</u>	<u>Alameda, CA 94502</u>
Current Mailing Address	<u>1100 Santa Clara Ave.</u>	<u>919 Central Ave. #C</u>
	<u>Alameda, CA 94501</u>	<u>Alameda, CA 94501</u>
Driver's License No.		<u>[REDACTED] 7083</u>
(Or other State issued Identification No.)	<u>N/A</u>	(Describe)

Dated: 2-16-10

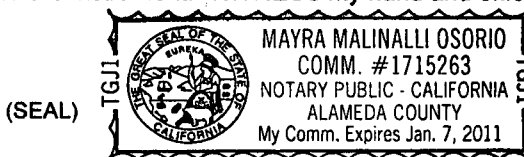
Marie Barnes
Signature of Alleged Owner *

* Attach copy of Driver's License or other State issued Identification. In the case where a "fund locator service" has purchased/been assigned the claim, or purchased the assets of the business originally entitled to the funds, documents evidencing the transfer of claim or documentation which provides proof of the purchase/sale of the assets (such as the contract of sale) must be attached.

STATE OF California, COUNTY OF Alameda
On February 16th 2010 before me, personally appeared (insert name and title of signer)

Marie Barnes

~~personally known to me~~ (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.



Mayra Osorio
Notary Public

My commission expires on 1/7/11

To ensure payment to the proper party, please fill out the identification portion of this form and submit together with an Application for Payment of Unclaimed Funds (EDC 3-950) and supporting documentation to:

Financial Administrator
United States Bankruptcy Court
Eastern District of California
501 I Street, Suite 3-200
Sacramento, CA 95814

**LIMITED POWER OF ATTORNEY/
DECLARATION**

We do hereby grant to ASSET RECOVERY TRUST, our sole true and lawful attorney-in-fact for us and in our name, place and stead, giving unto our attorney-in-fact full power to do and perform, on an exclusive basis, all and every act not constituting the practice of law that we may legally do through an attorney-in-fact, for the following limited purpose and for no other:

To reclaim, recover, and return unclaimed funds in the amount of **\$1,823.85** only, (to be divided equally between Louis Barnes and Marie Barnes) less agreed upon fee, to the co-signatories below.

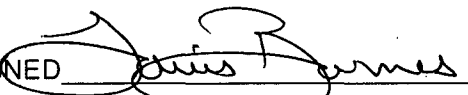
We do hereby grant our attorney-in-fact every power necessary to carry out the limited purposes for which this limited power of attorney is granted, on an exclusive basis.

This Limited Power of Attorney revokes all previous powers of attorney granted for the purpose of obtaining dividends from this specific bankruptcy case.

We do hereby declare that we are rightful co-creditors of THE CASCADE SCHOOL, Case 04-26111 TH, that the Trustee's Notice lists us incorrectly as "LOUIS MARIE BARNES," that the enclosed Proof of Claim is a true and correct copy of the original, and that we are entitled to this unclaimed dividend.

We certify under penalty of perjury under U.S. Law that the foregoing is true and correct.

DATED February 11, 2010

SIGNED 

NAME LOUIS BARNES

SIGNED _____

NAME MARIE BARNES

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 2010,
TO CERTIFY WITNESS MY HAND AND OFFICIAL SEAL.

[SEAL]

NOTARY PUBLIC IN AND FOR

The State of _____

My Commission expires on _____

*See attachment
Cora E. Long*

CALIFORNIA JURAT WITH AFFIANT STATEMENT

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-5 to be completed only by document signer[s], *not* Notary)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

Signature of Document Signer No. 1 _____ Signature of Document Signer No. 2 (if any) _____

State of California

County of San Francisco

Subscribed and sworn to (or affirmed) before me on this

11th day of FEBRUARY, 2010, by
Date Month Year

(1) LOUIS BARNES,
Name of Signer

proved to me on the basis of satisfactory evidence
to be the person who appeared before me (.) X

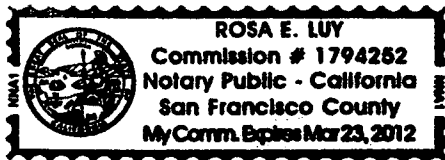
(and

(2) _____,
Name of Signer

proved to me on the basis of satisfactory evidence
to be the person who appeared before me.)

Signature _____

Signature of Notary Public



Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove
valuable to persons relying on the document and could prevent
fraudulent removal and reattachment of this form to another document.

Further Description of Any Attached Document

Title or Type of Document: LIMITED POWER OF ATTORNEY /
DECLARATION

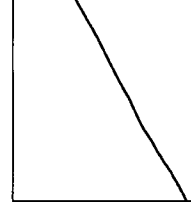
Document Date: FEBRUARY 11, 2010 Number of Pages: 1

Signer(s) Other Than Named Above: _____

RIGHT THUMBPRINT
OF SIGNER #1
Top of thumb here



RIGHT THUMBPRINT
OF SIGNER #2
Top of thumb here



**LIMITED POWER OF ATTORNEY/
DECLARATION**

We do hereby grant to ASSET RECOVERY TRUST, our sole true and lawful attorney-in-fact for us and in our name, place and stead, giving unto our attorney-in-fact full power to do and perform, on an exclusive basis, all and every act not constituting the practice of law that we may legally do through an attorney-in-fact, for the following limited purpose and for no other:

To reclaim, recover, and return unclaimed funds in the amount of \$1,823.85 only, (to be divided equally between Louis Barnes and Marie Barnes) less agreed upon fee, to the co-signatories below.

We do hereby grant our attorney-in-fact every power necessary to carry out the limited purposes for which this limited power of attorney is granted, on an exclusive basis.

This Limited Power of Attorney revokes all previous powers of attorney granted for the purpose of obtaining dividends from this specific bankruptcy case.

We do hereby declare that we are rightful co-creditors of THE CASCADE SCHOOL, Case 04-26111 TH, that the Trustee's Notice lists us incorrectly as "LOUIS MARIE BARNES," that the enclosed Proof of Claim is a true and correct copy of the original, and that we are entitled to this unclaimed dividend.

We certify under penalty of perjury under U.S. Law that the foregoing is true and correct.

DATED 2-16-10 SIGNED N/A
NAME LOUIS BARNES
SIGNED Marie Barnes
NAME MARIE BARNES

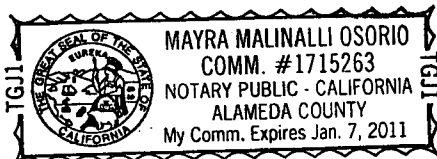
SUBSCRIBED AND SWORN TO BEFORE ME THIS 16th DAY OF February, 2010,
TO CERTIFY WITNESS MY HAND AND OFFICIAL SEAL.

[SEAL]

Mayra Osorio
NOTARY PUBLIC IN AND FOR

The State of California

My Commission expires on 1/7/11



UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF CALIFORNIA (SACRAMENTO)		PROOF OF CLAIM
Name of Debtor LOUIS AND MARIE BARNES	Case Number 04-26111-547-7	<div style="border: 1px solid black; padding: 5px; text-align: center;"> FILED SEP - 8 2004 </div>
<p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503</p>		
Name of Creditor (The person or other entity to whom the debtor owes money or property): Louis Marie Barnes Name and Address where notices should be sent: Louis Marie Barnes 4217 Para Street Alameda, CA 94501-1037 382 Victoria Bay Alameda, CA 94502		UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF CALIFORNIA THIS SPACE IS FOR COURT USE ONLY
Telephone Number: (510) 523-9955		
Account or other number by which creditor identifies debtor:		Check here if <input type="checkbox"/> replaces a previously filed claim, dated _____ <input checked="" type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
1. Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
2. Date debt was incurred: 12-20-03		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ _____ If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		6. Unsecured Priority Claim. <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ 2,670.77 Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$ 2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY <div style="font-size: 2em; text-align: center;">22</div>
Date _____ Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): LOUIS AND MARIE BARNES		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		

CASCADE SCHOOL

129
Paid 12/20/03
ck. # 980
Louis Account

To: Louis & Marie Barnes
1217 Paru Street
Alameda, California
94501

Invoice Date: December 01, 2003
Student: Alyssa Barnes

Previous balance	\$5,403.25
Payments on account	\$5,403.25-
Program services January 2004	\$5,100.00
Program expenses November:	
Allowance 11/17	\$28.00
Student Store/Necessities	\$25.03
Transportation, Hilltop Med. 10/28	\$50.00
Transportation, SAT	\$50.00
Fall Semester Misc. Books	\$11.11
Rec. Program Fee; Golf 10/9 & 10/16	\$20.00-
Rec. Program Fee; Golf 10/30 & 11/03	\$125.00
	<hr/>
Total expenses	\$269.14
	<hr/>
Total due	\$5,369.14

